



Dental Plan Quality Measurement Report for Services Provided in 2004

BACKGROUND

Over 1.2 million previously uninsured children have gained access to dental coverage through the Healthy Families Program (HFP). Dental services provided by the HFP are based on the state employee dental benefits plan. Children receive comprehensive preventive, restorative and other major services with limited (\$5 for some services) or no copayment (for preventive and restorative services).

The dental plans that participate in HFP are required to submit data on six quality measures. One of these measures, the Annual Dental Visit, is a Health Employer Data Information Set (HEDIS®) measure developed by the National Committee for Quality Assurance (NCQA). Four measures were developed by the HFP Quality Improvement Work Group and one measure, the 120-Day Assessment, was developed by the Department of Health Services (DHS) as a measure for health plans. The first and only other report published by MRMIB that measured dental services in the HFP was the "Healthy Families Program Dental Services Report" published in 2002. That report contained four of the measures identified above.

This report summarizes data from all six measures as reported by participating dental plans for services provided in 2004. Comparative plan information for each quality measure (for which sufficient data was available) and aggregate data for the program are presented.

DENTAL PLANS AND PERCENT OF HFP ENROLLMENT

Chart A represents HFP enrollment by dental plan in 2004. MRMIB added one new dental plan (Western Dental) beginning with the 2005 benefit year and HealthNet Dental took over Universal Care Dental in 2006. Future reports will include data about their performance.

Healthy Families Program Enrollment By Dental Plan
CHART A

PLAN	Number HFP Enrollees	Percent of HFP Enrollment in 2004
DELTA DENTAL	376,094	50.3%
SAFEGUARD DENTAL	147,326	19.7%
ACCESS DENTAL	138,601	18.5%
UNIVERSAL CARE DNTL	65,462	8.8%
PREMIER ACCESS	20,069	2.7%
TOTAL	747,570	100.00

PERFORMANCE MEASURES

California is one of the few states providing dental care as part of the S-CHIP program and no benchmarks currently exist for the dental measures discussed in this report. The only nationally recognized measure submitted by the dental plans is the HEDIS® Annual Dental Visit (ADV). The benchmark used by MRMIB for HEDIS® measures compares the HFP plan aggregated scores with the NCQA national commercial and Medicaid plan average results for the measures. However, each year, the NCQA allows certain measures to be rotated on a biennial basis for commercial and Medicaid plans. The NCQA did not require commercial plans to report the ADV for the 2004 data which was collected in 2005. As a result, this report is not able to compare the 2004 national scores for the ADV with the 2004 ADV data submitted by HFP dental plans. The lack of benchmarks makes it difficult to determine if percentages of subscribers receiving services are or are not acceptable.

The HFP Quality Improvement Work Group, through its Dental Quality subcommittee, developed additional dental performance measures to augment the HEDIS® dental-related performance measure. The measures that were developed were based on preventive services that subscribers are expected to receive and are covered in guidelines for pediatric dental care. The Dental Quality subcommittee viewed the 120 Day Health Assessment developed by DHS as an access measure rather than a measure of quality.

The dental plans provided data on the following performance measures for 2004:

- Annual Dental Visit (HEDIS® Measure) - This measure calculates the percentage of enrolled members, ages 4 through 18, who were continuously enrolled during the measurement year and who had at least one dental visit during the measurement year.
- 120 Day Dental Health Assessment - This measure calculates the percentage of children who enrolled during the reporting year and had an initial dental visit within their first 120 days of enrollment. Members eligible for this measure must be one year of age or older upon their effective enrollment date and continuously enrolled for at least 120 days immediately following the effective enrollment date, with no gaps in enrollment.

NOTE: MRMIB has already discontinued use of the 120 day health assessment measure as one of the health plan quality indicators because it was not truly capturing the information it was intended to and there were no national benchmarks that could be used to evaluate plans' performance. The dental version of this measure has the same problem and will be discontinued by MRMIB.

- **Dental Sealant** – This measure is the percentage of all children between the ages of 6 and 19 years of age, who were continuously enrolled during the reporting period (1/1 to 12/31), with only one gap in enrollment for a period of no more than 30 days, who received at least a single sealant treatment from a dentist. Children who were enrolled in a plan and switched to another product line of that plan were considered continuously enrolled.
- **Initial Dental Visit** - This measure is the percentage of all children between the ages of 4 and 19 years of age, who were continuously enrolled during the reporting period (1/1 to 12/31), with only one gap in enrollment for a period of no more than 30 days, who had an initial examination from a dentist. Children who were enrolled in a plan and switched to another product line of that plan should be considered continuously enrolled.
- **Periodic Dental Visit** - This measure is the percentage of all children between the ages of 4 and 19 years of age, who were continuously enrolled during the reporting period (1/1/00 to 12/31/00), with only one gap in enrollment for a period of no more than 30 days, who had a periodic examination from a dentist. Children who were enrolled in a plan and switched to another product line of that plan are considered continuously enrolled.
- **Prophylaxis** - This measure is the percentage of all children between the ages of 4 and 19 years of age, who were continuously enrolled during the reporting period (1/1 to 12/31), with only one gap in enrollment for a period of no more than 30 days, who received prophylaxis from a dentist. Children who were enrolled in a plan and switched to another product line of that plan were considered continuously enrolled.

DATA COLLECTING & REPORTING METHODOLOGIES

Instructions for reporting the measures are based on instructions for the HEDIS® Annual Dental Visit measure. Dental plans use one of two generally accepted data collections methodologies:

- *Administrative method*
 - This method requires plans to search selected administrative databases (e.g., enrollment, claims, and encounter data systems) for evidence of a service.
- *Hybrid method*
 - This method requires plans to select a random sample of 411 eligible members, and search their administrative databases for information about whether each individual in the sample received a service. If no information is found, plans are allowed to consult medical records for evidence that services were provided.

Plans are required to report evidence of service that is provided to HFP enrollees who were continuously enrolled during the reporting period, (January 1 to December 31), with only one gap in enrollment for a period of no more than 30 days.

COMPLIANCE AUDIT

MRMIB requires plans to have their quality reports audited by an NCQA certified HEDIS® auditor. The audits ensure the credibility of reported data. The dental plans participating in the HFP have complied with the audit requirement for all measures.

ANALYSIS OF DATA REPORTED BY PLANS

Each Dental plan submitted its score or *rate* for each of the six measures. These scores were calculated by dividing the number of plan subscribers who received a particular service (numerator) by the number of subscribers who were eligible to receive the service (denominator) for each plan. The individual plan scores were used to calculate an overall plan average. Dental plans that had scores one standard deviation above or below the plan average were identified.

In addition to the plan average, an *aggregate program average* was calculated by dividing members from all dental plans who received a particular service by the total number of members in all health plans that were eligible to receive the service.

ANNUAL PERFORMANCE OVERVIEW

Chart B represents, by calendar year, the percentage of HFP members who received services divided by the total number of enrollees who were eligible to receive these services. From 1999 through 2004 activity varied for the individual measures. The percentage of members in the program who received an Annual Dental Visit or a Prophylaxis treatment remained somewhat constant. The Periodic Dental Visit registered a sizeable increase. However, the 120-Day Dental Health Assessment and Initial Dental Visit percentages declined. The percentage reported for Prophylaxis or dental cleanings being lower than the percentage reported for Annual Dental Visits is of interest.

Percentage HFP Members Receiving Dental Services 1999-2004

Chart B

Measure	1999	2000	2001	2003	2004
Annual Dental Visit	56%	56%	58%	53%	54%
120 Day Dental Health Assessment	33%	32%	36%	32%	26%
Dental Sealant	N/A	N/A	13%	13%	11%
Initial Dental Visit			28%	21%	19%
Periodic Dental Visit	9%	18%	25%	30%	35%
Prophylaxis	47%	45%	50%	42%	45%

DENTAL PLAN RESULTS FOR EACH PERFORMANCE MEASURE

Annual Dental Visit (ADV)

This HEDIS[®] Measure calculates the percentage of enrolled members, ages 4 through 18, who had at least one dental visit during the measurement year, and who were continuously enrolled during the measurement year. Chart C provides the percentage of members per plan that received an annual dental visit.

Annual Dental Visit by Dental Plan in 2004

Chart C

Plan	Annual Dental Visit
Delta Dental	67%
Premier Access	66%
Access Dental	50%
SafeGuard	47%
Universal Care	41%

Delta Dental reported the highest percentage of Annual Dental Visits, followed closely by Premier Access Dental. Access Dental, Safeguard, and Universal Care reported much lower percentages for this measure. It should be noted that Health Net Dental purchased Universal Care Dental, with the change in ownership being effective in July 2006.

Plan percentages ranged from 40-66 percent for 2003, similar to the range of percentages reported in 2004, (41-67 percent). The program average percent of HFP children receiving an Annual Dental Visit was 53.4±4.9 in 2003 and 54.1±4.9, in 2004, reflecting a slight increase.

Chart D provides this data for a five year period on plan performance for the ADV and shows minimal percentage variation between years.

Historical HFP Annual Dental Visit Scores

Chart D

ANNUAL DENTAL VISIT	1999 Score	2000 Score	2001 Score	2003 Score	2004 Score
Health Plan					
Access Dental	57%	51%	55%	48%	50%
Premier Access	65%	61%	65%	63%	66%
DentiCare/HealthNet Dental	40%	48%	47%	N/A	N/A
Delta Dental	63%	62%	65%	66%	67%
Safeguard Dental	N/A	N/A	N/A	50%	47%
Universal Care Dental	N/A	N/A	N/A	40%	40%
Average per year	56%	56%	58%	53%	54%

NOTE: For the year 2003, the sampling method used by Safeguard was different than the other plans and therefore not an accurate comparison.

120-Day Dental Assessment

This measure calculates the percentage of children who enrolled during the reporting year and had an initial dental visit within their first 120 days of enrollment. Members eligible for this measure must be one year of age or older upon their effective enrollment date and continuously enrolled for at least 120 days immediately following the effective enrollment date, with no gaps in enrollment. As previously discussed, MRMIB will be dropping this measure in future reports.

120-Day Dental Assessment per Dental Plan in 2004

Chart E

Plan	120-Day Dental Assessment per plan
Premier Access	38%
Safeguard	31%
Delta Dental	30%
Access Dental	19%
Universal Care	11%

The 2003 average for HFP children receiving the 120 day dental assessment was 32% \pm 5.3%. This average decreased in 2004 26% \pm 4.7%.

Chart F provides historical information on plan performance for the 120 Day Dental Assessment.

Historical HFP 120 Day Dental Assessment Scores

CHART F

120 Day Dental Assessment	1999 Score	2000 Score	2001 Score	2003 Score	2004 Score
Dental Plan					
Access Dental	43%	27%	38%	22%	19%
Premier Access	36%	34%	34%	39%	38%
DentiCare/HealthNet Dental	20%	38%	41%	N/A	N/A
Delta Dental	39%	39%	33%	29%	30%
Safeguard Dental	N/A	N/A	N/A	49%	31%
Universal Care Dental	N/A	21%	32%	11%	11%
Average	33%	32%	36%	32%	26%

NOTE: For the year 2003, the sampling method used by Safeguard was different than the other plans and therefore not an accurate comparison.

Premier Access and Safeguard Dental reported the largest percentage for 2004 at 38% and 31% respectively. All plans, with the exception of Premier Access, reported decreased scores between 2003 and 2004. However, all plans, with the exception of Premier Access, show decreases in scores between 2001 and 2004 which represents a ten percent (10%) decrease for that time period.

The average score for 2004 was 26% in comparison to 32% for 2003. This represents a 19% decrease in the percentage of HFP subscribers receiving a dental assessment within the first 120 days of enrollment

Initial Dental Visits per 100 Children (IDV)

This measure is the percentage of all children between the ages of 4 and 19 years of age, who had an initial examination from a dentist and were continuously enrolled during the reporting period with only one gap in enrollment for a period of no more than 30 days. Children who were enrolled in a plan and switched to another product line of that plan should be considered continuously enrolled. Chart G shows per each 100 children, the percentage of children per plan that received an initial dental visit.

Initial Dental Visits per 100 Children in 2004

Chart G

Plan	Initial Dental Visits per 100 Children
Premier Access	17%
SafeGuard	28%
Delta Dental	17%
Access Dental	13%
Universal Care	18%

Percentage scores of IDV ranged from 16-27% in 2003 whereas those scores ranged from 13-28% in 2004. In 2004, all plans combined served less than 20 percent of HFP children. This is most likely due to the initial dental visit being a one time event for subscribers. If subscribers continue to receive dental services, they would be receiving annual and periodic dental visits as well as prophylaxis treatment and would not be counted in the initial dental visit scores.

Chart H shows a thirty-two percent (32%) decrease in children receiving an initial dental visit between 2001 and 2004. All plans, with the exception of Universal Care, reported decreased scores between 2003 and 2004. The most significant decline of fifteen percent (15%) was reported by Access Dental for the years 2001-2004.

Historical HFP Initial Dental Visit Scores

Chart H

INITIAL DENTAL VISIT	1999 Score	2000 Score	2001 Score	2003 Score	2004 Score
Dental Plan					
Access Dental	39%	25%	28%	16%	13%
Premier Access				21%	17%
DentiCare/HealthNet Dental	28%	25%	26%	N/A	N/A
Delta Dental	48%	39%	28%	22%	19%
Safeguard Dental	N/A	N/A	N/A	27%	28%
Universal Care Dental	N/A	N/A	N/A	18%	18%
HFP Average			28%	21%	19%

NOTE: For the year 2003, the sampling method used by Safeguard was different than the other plans and therefore not an accurate comparison.

Periodic Dental Examinations per 100 children (PDV)

This measure is the percentage of all children between 4 and 19 years of age and who had a periodic examination from a dentist, as well as being continuously enrolled during the reporting period with only one gap in enrollment for a period of no more than 30 days. Children who were enrolled in a plan and switched to another product line of that plan are considered continuously enrolled. Chart I shows per each 100 children, the percentage of children per plan that received dental examinations.

Periodic Dental Examinations per 100 children in 2004

Chart I

Plan	Periodic Dental Examinations per 100 children
Delta Dental	50%
Safeguard	40%
Premier Access	39%
Access Dental	32%
Universal Care	14%

Percentage scores for Periodic Dental Examinations ranged from 13-46% in 2003, whereas it ranged from 14-50% in 2004. Delta Dental and Safeguard Dental reported the largest percentages of HFP subscribers receiving a periodic dental examination in 2004 at 50% and 40% respectively. The overall program average of 35 percent in 2004 represents an improvement over the 30 percent average in 2003. The program average for Periodic Dental Examination improved significantly between 1999 and 2004 (from 9 percent to 35 percent).

Chart J provides historical information on plan performance for Periodic Dental Examinations and that scores for Periodic Dental Examinations have improved significantly since 1999.

Historical HFP Periodic Dental Exam Scores

Chart J

PERIODIC DENTAL EXAM	1999 Score	2000 Score	2001 Score	2003 Score	2004 Score
Dental Plan					
Access Dental	10%	18%	21%	23%	32%
Premier Access	26%	27%	34%	32%	39%
DentiCare/HealthNet Dental	8%	14%	16%	N/A	N/A
Delta Dental	9%	14%	36%	46%	50%
Safeguard Dental	N/A	N/A	N/A	39%	40%
Universal Care Dental	N/A	N/A	16%	13%	14%
Average	9%	18%	25%	30%	35%

NOTE: For the year 2003, the sampling method used by Safeguard was different than the other plans and therefore not an accurate comparison.

Sealants per 100 children

This measure is the percentage of all children between the ages of 6 and 19 years of age, who received at least a single sealant treatment from a dentist, and were continuously enrolled during the reporting period with only one gap in enrollment for a period of no more than 30 days. Children who were enrolled in a plan and switched to another product line of that plan were considered continuously enrolled. Chart K shows per each 100 children, the percentage of children per plan that received sealants.

Sealants per 100 children in 2004

Chart K

Plan	Sealants per 100 children
Delta Dental	16%
Access Dental	15%
Premier Access	14%
Universal Care	6%
SafeGuard	4%

In 2003, Delta Dental, Safeguard, Premier, Universal Care and Access Dental had scores in the range of 5-22 percent). Three plans (Premier Access, SafeGuard and Access Dental), reported decreased scores between 2003 and 2004 while Delta reported the same score and Universal improved slightly. Percentage scores for sealant treatment ranged from 5-22% in 2003 whereas it ranged from 4-16% in the year 2004. Plans served 13±10 percent of the children within the measurement year 2003 and 11±2.4 percent of the children within the measurement year 2004.

Chart L provides historical information on plan performance for Sealants and shows a slight decrease between 2003 and 2004.

Historical HFP Sealant Scores

Chart L

DENTAL SEALANTS	1999 Score	2000 Score	2001 Score	2003 Score	2004 Score
Dental Plan					
Access Dental	25%	12%	16%	16%	15%
Premier Access	16%	17%	17%	22%	14%
DentiCare/HealthNet Dental	3%	3%	4%	N/A	N/A
Delta Dental	16%	14%	15%	16%	16%
Safeguard Dental	N/A	N/A	N/A	5%	4%
Universal Care Dental	N/A	N/A	N/A	5%	6%
HFP Average			13%	13%	11%

NOTE: For the year 2003, the sampling method used by Safeguard was different than the other plans and therefore not an accurate comparison.

Prophylaxis per 100 Children

This measure is the percentage of all children between the ages of 4 and 19 years of age, who received prophylaxis (which is a preventative dental cleaning appointment with patient education), and were continuously enrolled during the reporting period with only one gap in enrollment for a period of no more than 30 days. Children who were enrolled in a plan and switched to another product line of that plan were considered continuously enrolled. Chart R shows per each 100 children, the percentage of children per plan who received prophylaxis treatment.

Prophylaxis per 100 children in 2004

Chart M

Plan	Prophylaxis per 100 children
Delta Dental	62%
Premier Access	59%
Access Dental	44%
SafeGuard	40%
Universal Care	17%

In 2003-04, the percent of HFP members receiving prophylaxis treatment showed a positive trend for most plans. The average percent for all plans ranged 42±7.9 in year 2003 and 45±8.1 in 2004. Delta Dental and Premier Access reported the largest percentages of subscribers receiving prophylaxis treatment at 62 percent and 59 percent respectively. While the program average increased from 42 percent in 2003 to 45 percent in 2004, the program average for Prophylaxis has remained consistent from 1999 to 2004 (between 42 and 50 percent).

Chart N provides historical information on plan performance for Prophylaxis treatment and shows that rates of Prophylaxis treatment in the HFP have remained largely unchanged from 1999 to 2004.

Historical HFP Prophylaxis Scores
Chart N

Prophylaxis	1999 Score	2000 Score	2001 Score	2003 Score	2004 Score
Access Dental	47%	41%	43%	40%	44%
Premier Access	55%	53%	57%	55%	59%
DentiCare/HealthNet Dental	28%	31%	41%	N/A	N/A
Delta Dental	56%	55%	59%	61%	62%
Safeguard Dental	N/A	N/A	N/A	39%	40%
Universal Care Dental	N/A	N/A	14%	16%	17%
HFP AVERAGE	47%	45%	50%	42%	45%

NOTE: For the year 2003, the sampling method used by Safeguard was different than the other plans and therefore not an accurate comparison.

CONCLUSION

Dental care for HFP subscribers as well as all California children is a major concern of MRMIB as well as the HFP Advisory Panel.

The HFP dental plan average between 1999-2004 stayed essentially the same for the Annual Dental Visit and Prophylaxis treatment measures and improved significantly for Periodic Dental Examination measure. However, overall percentages of less than 100% for Annual Dental Visit (54%) and Prophylaxis treatment (45%) are of concern. The reason for the significant increase in Periodic Dental Examinations is unclear, but could reflect additional follow-up appointments by providers for subscribers that have received treatment. The reason for low HFP dental plan averages for dental sealants is unclear.

One of the reasons for the above percentages could be lack of access to dental providers. As noted by the California Endowment's February 2006 report "Oral Health: Successes and Opportunities for Children's Health Initiatives" it is generally agreed that there is a lack of dental providers in California to serve lower-income children.¹

¹ Diringer, J.; Oral Health: Successes and Opportunities for Children's Health Initiatives; February 2006; page 3.
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In addition, the MRMIB 2004 Report of Consumer Survey of Dental Plans provides information on dental access. Families participating in the survey were asked a number of questions, including questions about Getting Needed Dental Care and Getting Dental Care Quickly.

The overall HFP dental plan composite score for Getting Needed Dental Care was 62.5%, with percentages for each plan ranging from 53%-73%.

The overall HFP dental plan composite score for Getting Dental Care Quickly was 64.2%, with percentages for each plan ranging from 49%-75%.

These composite scores may indeed indicate a lack of dental providers. Lack of providers can mean lack of access for HFP subscribers. This in turn can mean that percentages of subscribers receiving dental services would be decreased because subscribers are unable to access providers.

MRMIB is conducting another dental survey in 2006 that will use the Dental CAHPS[®] 1.0. MRMIB staff will report the results of that survey to the Board in early 2007.

MRMIB Recommendations to Address Dental Measure Scores

Feedback to the Dental Plans

MRMIB will be contacting each dental plan over the course of the next two months to discuss what may be causing the percentage scores and to request corrective action strategies and timelines for implementation of those strategies from each plan. MRMIB staff will then provide a followup report to the Board.

Demonstration Project Reviews

MRMIB staff will also review the outcomes of the Oral Health Demonstration and the Rural Health Demonstration dental projects to identify strategies (best practices) used by the projects to address access issues.

Review Current Dental Measures

MRMIB staff will establish a dental advisory committee to assess whether or not the current dental measures determine if HFP subscribers are receiving appropriate dental services. The four dental measures that were developed in 1999 by the HFP Quality Improvement Work Group were adapted from quality measures that were developed by a Department of Corporations (DOC) Dental Task Force. The Department of Managed Health Care took over the responsibility of regulating managed health care plans from in 2000 and no further evaluation of the measures has been done.

Existing performance measures for pediatric oral health care are extremely limited; however, several new measures have been proposed and are in various stages of development and testing. An example of this is the Center for Medicare and Medicaid Services (CMS)/NCQA Pediatric Oral Health Performance Measures Project.² This and other information regarding development and testing of new measures will be of value to the dental advisory committee that will be established by MRMIB.

² CMS.; Guide To Children's Dental Care In Medicaid; October 2004; pages 17-19